

RECEIVED COMM. OF ELECTIONS

2009 JAN 20 P 3: 53

Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:		Friends t	o Elect Allan Angel		500 (100 Example 100 Example
Account Number:			_	Date of	this Report: 01/19/09
REPORTING PERIOD:		FROM:	10/28/08	TO:	12/31/08
Check the box that applies	to th	is report:			
Primary Election		8-DAY	□ 30-DAY		Office:
General Election		8-DAY	□ 30-DAY		Kent County Levy Court, 3rd District
Other Election		8-DAY	□ 30-DAY		
Special Election		8-DAY	☐ 30-DAY		
Year End Report 🗵		Final Or	ganization Closing		Closing Date:
regulations regarding Cam	paigr	n Finance a	and the election process	in the St	is accurate and correct. I agree to abide by all rules and tate of Delaware. I understand that representatives from information provided on this report.
Ximac	Н.	ien			01/19/09
TREASURER SIGNATURE					DATE
					01/19/09
CANDIDATE SIGNATURE	7				DATE



STATEMENT OF ACCOUNT BALANCE

ACCOUNT	#: 002156	REPORTING PERIOD:	10/28/08	12/31/08
			FROM	TO
	NING BALANCE g Balance from last reporting p	eriod)		\$4,352.43
2. RECEII	PTS:			
A.	SCHEDULE A – TOTAL	RECEIPTS		85.00
В.	SCHEDULE C-1 – TOTA	L IN-KIND CONTRIBUTIONS		\$0.00
C.	SCHEDULE D-1 - TOTA	L LOANS RECEIVED		\$0.00
D.	SCHEDULE E - TOTAL	EXPENSE REIMBURSEMENTS REC	EIVED	\$0.00
E. S	SUBTOTAL (Total of A, B, C, I))		\$85.00
s. EXPEN	DITURES:			
F.	SCHEDULE B - TOTAL	EXPENDITURES		\$1,043.35
G.	SCHEDULE C-2 – TOTA	AL IN-KIND EXPENDITURES		\$0.00
H.	SCHEDULE D-2 - TOTA	AL LOAN PAYMENTS		\$0.00
I.	SCHEDULE E - TOTAL	EXPENSE REIMBURSEMENTS PAIR)	\$0.00
J.	SUBTOTAL (Total of F, G, H,	1)		\$1,043.35
	G BALANCE ning Balance plus 2E, minus 3J)			\$3,394.08
5. VALUE	OF NON-CASH ASSETS (Fro	om Schedule F)		
S. VALUE	OF DISPOSED/TRANSFERE	ED ASSETS (From Schedule G)		
. VALUE	OF LOANS AT END OF PER	IOD (Loan Balance from Schedule D-2)		\$1,136.00
B. CLOSE	OUT BALANCE (Must equal	zero if Committee closed)		\$3,394.08
Campaign	Finance Section	Page 2 of 11		Financial Reports (08/0



SCHEDULE A - TOTAL RECEIPTS

ACCT #:	002156	REPORTING PERIOD:	10/28/08	12/31/08	
			FROM	TO	

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

Date	Contributor	Contributor	Aggregate	Amount
Received	Name	Mailing Address	Amount	Received
			THE REAL PROPERTY.	
			A SUPERIOR OF THE SECOND	MILE TO SEE
			YELE A PROPER	
			THE MAN BY LIVER TO	
HACK W		The state of the s	Aug Committee State	
				all intermedials.
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	CALL PROPERTY OF THE PARTY OF T		S. D. Wassell S. C.	
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				The state of the s
				7
OTAL DECEN	DTC IN EVOECE OF 6100			\$0.
OTAL RECEI	PTS IN EXCESS OF \$100			\$0.
				005
OTAL RECEI	PTS NOT IN EXCESS OF \$100			\$85.
	D. C.			***
				\$85
GRAND TOTAL THIS TOTAL SHO		EMENT OF ACCOUNT BALANCE, ITEM 2A)		



SCHEDULE B - TOTAL EXPENDITURES

ACCT #:	002156	REPORTING PERIOD:	10/28/08	12/31/08
			FROM	TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Aggregate Amount	Amount Expended
	Delaware State News	110 Galaxy Drive, Dover, DE 19901	\$1,223.60	\$1,223.60
	Kent Levy Court	555 Bay Road, Dover, DE 19901	\$300.00	\$300.00
12/31/08	Dover Post - overpayment	PO Box 664, Dover, DE 19903	-\$560.25	-\$560.25
TOTAL EX	PENDITURES IN EXCESS OF	F \$100		\$963.35
TOTAL EX	PENDITURES NOT IN EXCE	SS OF \$100		\$80.00
	TAL EXPENDITURES			\$1,043.35
THIS TOTAL	SHOULD ALSO APPEAR ON PAGE	2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)		



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT #: 002156	REPORTING PERIOD:	10/28/08	12/31/08
		FROM	TO

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

IN-KIND CONTRIBUTIONS IN EXCESS OF \$100:

Date	Contributor	Contributor	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Received
	N/A			
				E REAL PROPERTY.
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	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T			
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	ELECTRIC LINES CO. T. C. C. C. C.			THE PARTY OF
	NUMBER OF STREET			E COUNTY PRO
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	CONTRACTOR OF STREET			
15-10-31			A THE REAL PROPERTY.	
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	The state of the s			
OTAL PI	VIND CONTRIBUTIONS DI DIVOTO	0.000000		60.0
UIAL IN	KIND CONTRIBUTIONS IN EXCES	S OF 3100		\$0.0
OTAT IN	LAND COMPRESSION NOT IN E	VODOS OD 6100		
UIALIN	KIND CONTRIBUTIONS NOT IN E	ACESS OF \$100		
DANDT	OTAL IN-KIND RECEIPTS			\$0.0
	SHOULD ALSO APPEAR ON PAGE 2, A218			\$0.0



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT #: 002156	REPORTING PERIOD:	10/28/08	12/31/08
		FROM	TO

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

IN-KIND EXPENDITURES IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)

Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Estimated Value Expended
Expended	N/A	Malling Address	Expenditure	value Expended
	N/A			
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	THE RESERVE TO SECTION S.		and the second	
Told Carlo	Myante Gallall (22 12 5 Colle)			E BALLETIN
				AT LINE YOUR DISTRICT
			PARTIES AND ENGINEERING	
OTAL IN	KIND EXPENDITURES IN EXCES	S OF \$100		\$0.0
OTALIN	KIND EAI ENDITURES IN EACES	3 01 3100		30.0
TOTAL IN	KIND EXPENDITURES NOT IN EX	CCESS OF \$100		
	anne vystaten menska film til	more mark 1895 at 10 days		
RAND TO	OTAL IN-KIND EXPENDITURES			\$0.0
THIS TOTAL	SHOULD ALSO APPEAR ON PAGE 2, STA	ATEMENT OF ACCOUNT BALANCE, ITEM 3G)		



SCHEDULE D-1 - LOANS RECEIVED

CT#: 002156		REPORTING PERIOD:	10/28/08 FROM		12/31/08 TO
loans in aveass of \$5	SO DECEIVED DUDING THIS DEPORTING PE	RIOD should be itemized on this schedule. NOTE: These loans must also be			10
	N EXCESS OF \$50:	NOD should be itemized on this schedule. NOTE. These toalis must also be	s listed on Schedule D-2.		
Date eceived	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
N/A					
- 1					
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		· 加州上海 (1975) (1975) (1975) (1975)			
			THE RELEASE OF THE PARTY.		
TAL LOANS REC	EIVED				

Campaign Finance Section Page 7 of 11 Financial Reports (08/04)

(TOTAL AMOUNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)



ACCT#:	002156	REPORTING PERIOD:	10/28/08	12/31/08	
	6		FROM	TO	

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
01/01/08	Allan Angel	same	none	0.00%	\$1,049.00	\$0.00	\$1,049.00
08/30/08	Allan Angel	same	none	0.00%	\$87.00	\$0.00	\$87.00
					THE Y		\$0.00
152				ALK DES		Strate II	\$0.00
							\$0.00
							\$0.00
							\$0.00
	E-B-LYTTE ST						\$0.00
							\$0.00
		ALC: LA SE					\$0.00
							\$0.00
		and the same					\$0.00
							\$0.00
							\$0.00
TOTAL LO		IR ON PAGE 2, STATEMENT OF ACCOUN	T BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD	ALSO APPEAR ON PAGE	\$1,136.00 E 2, STATEMENT OF A	\$0,00 CCOUNT BALANCE,	\$1,136.00 TEM 7)



SCHEDULE E - EXPENSE REIMBURSEMENTS

\$0.00

CCT#: 002156			KEPUKII	NG PERIOD:	10/28/08
			***************************************		FROM
	ments received by you and paid by you must be itemized 'S RECEIVED (Monies paid to you as reimbursemen				
Date	Reimburser Name	Description	Activity	Total	Reimbursement
Received	and Mailing Address	of Activity	Date	Expense Amount	Received
N/A					
EIMBURSEMENTS RE	SEMENTS RECEIVED CCEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATI	and the second s		\$0.00	\$0,00
EIMBURSEMENTS RE	SECUTED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATI	and the second s	Activity	\$0.00	\$0.00
EIMBURSEMENTS RE	CCEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATI	expenses they incurred.)	Activity Date		Reimbursement
EIMBURSEMENTS RE EIMBURSEMENT Date	'S PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description		Total	Reimbursement
EIMBURSEMENTS RE EIMBURSEMENT Date Paid	'S PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description		Total	Reimbursement
EIMBURSEMENTS RE EIMBURSEMENT Date Paid	'S PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description		Total	Reimbursement
EIMBURSEMENTS RE EIMBURSEMENT Date Paid	'S PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description		Total	Reimbursement
EIMBURSEMENTS RE EIMBURSEMENT Date Paid	'S PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description		Total	Reimbursement
EIMBURSEMENTS RE EIMBURSEMENT Date Paid	'S PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description		Total	Reimbursement

TOTAL REIMBURSEMENTS PAID

(REIMBURSEMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 31)



REPORTING PERIOD:

ACCT #:	002156	10/28/08	12/31/08
		FROM	TO

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

LIST ALL NON-CASH ASSETS:

Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset
- I	UI ASSEL	of Asset (Filysical Address)	UI ASSEL
N/A			
STATE OF STREET	UNITED IN THE WAR PROPERTY.	TO STATE OF THE ST	
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	The second second second		

TOTAL ASSET VALUE (TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)

30.00



SCHEDULE G - ELIMINATION OF ASSETS

REPORTING PERIOD:

ACCT#:	002156		10/28/08	12/31/08
		V 32 = 10	FROM	TO

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

ALL NON-CASH ASSETS

Date Eliminated	Description of Asset	Disposition of Asset	Value Received
N/A			
		TARME IN THE LAND	

TOTAL ASSETS ELIMINATED

(TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)

\$0.00